

Child Care Request Form

LOCATE: Child Care Database

NOTE: All questions with asterisks (*) REQUIRE responses

DISCLAIMER: All providers listed in the LOCATE: Child Care database is regulated by the Child Care Administration of the Maryland Department of Human Resources, approved by the Maryland State Department of Education, or certified by the Maryland State Department of Health and Mental Hygiene. When LOCATE identifies childcare program options for parents, it means only that the programs identified are regulated by the appropriate agency and have met the criteria that agency sets forth. The responsibility for providing LOCATE with accurate listings of regulated providers/programs rests with the appropriate agencies. Responsibility for selecting and employing a childcare provider rests with each parent.

LOCATE: Child Care cannot guarantee the quality of providers in its files and urges parents to carefully interview and check references before leaving a child in care. A referral from LOCATE does not constitute a recommendation as to the quality of care.

Please fax the completed form to: 301-279-1812 or Mail to:

**Locate: Child Care
Children's Resource Center
332 West Edmonston Drive
Rockville, MD 20852**

I have read and agree to this disclaimer

- ☐ Yes
- ☐ No

*1) Have you ever used the LOCATE: Child Care service

- ☐ Have not used LOCATE
- ☐ Found care through LOCATE referrals, but need more
- ☐ Did not find care, need more referrals

*2) Reason for needing childcare

- ☐ Parent's job
- ☐ Moving/Relocating
- ☐ Parent attending
- ☐ Parent in training
- ☐ Parent looking for work

- ☐ Child's socialization
- ☐ Child's education
- ☐ Dissatisfied with current care
- ☐ Parent respite

Enhanced services are available for employees of companies that contract with LOCATE. Indicate your employer below and we will let you know if you are eligible for enhanced services

3) Employer/School/Job Training

4) Spouse's Employer/School/Job Training

Personal Information

*5) First Name:

*6) Last Name:

*7) Address:

8) Address Line2:

*9) City:

*10) State:

*11) Zip:

*12) County:

*13) LOCATE does follow-up calls to evaluate the service that parents receive.
May we have permission to call you?

- ☐ Yes
- ☐ No

14) Work Phone

*15) Home Phone

16) Fax Number

*17) Your relationship to the child

- ☐ Parent
- ☐ Agency
- ☐ Friend
- ☐ Relative

*18) How did you hear about LOCATE

- ☐ Yellow Pages
- ☐ Media
- ☐ Poster/brochure
- ☐ Agency
- ☐ School
- ☐ Work
- ☐ Provider/Program
- ☐ Friend
- ☐ DSS
- ☐ Relative
- ☐ Internet
- ☐ CCRR
- ☐ Hospital
- ☐ Other

19) If other, please specify

*20) How would you like our counselors to get back to you with your referrals?

- ☐ Phone
- ☐ U.S. Mail

*21) Desired area of care:

- ☐ Residence
- ☐ Employment
- ☐ School
- ☐ Relative's home
- ☐ Residence and/or Employment
- ☐ On route-employment and/or school
- ☐ School and/or Residence
- ☐ Other

22) If other, please specify.

*23) Zip code where care is needed

*24) Transportation:

- ☐ Car
- ☐ Walk
- ☐ Metro
- ☐ Subway
- ☐ School Bus
- ☐ Taxi
- ☐ Public Bus
- ☐ Light Rail

25) Bus number (if applicable):

Family Information

*26) What is the size of your immediate family? (Parents and children only)

*27) Single or dual parent household?

- ☐ Single
- ☐ Dual

*28) How many children are in your immediate family?

*29) How many need child care?

Family Income Information

Since LOCATE participates in several outreach programs, we ask the following questions to help you determine if you might be eligible for any of these programs. If you think you are eligible, we will provide you with telephone numbers and other information that will put you in touch with the appropriate program

*30) Does your immediate family receive TCA (Temporary Cash Assistance)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to give information

*31) Does your immediate family receive FS (Food Stamps)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to give information

*32) Have you applied for TCA but have not started receiving benefits?

- ☐ Yes
- ☐ No
- ☐ Prefer not to give information

*33) Does your child receive MA (Medical Assistance)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to give information

*34) Does your child receive SSI (Supplemental Security Income)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to give information

*35) Is there health/medical insurance to cover your child(ren) born after September 30, 1983?

- ☐ Yes
- ☐ No
- ☐ Prefer not to give information

If no, please read the following question

36) According to the following family income limits, could your family be eligible for Medicaid?

- ☐ Family of 2=\$34,830
- ☐ Family of 3=\$43,890
- ☐ Family of 4=\$52,950
- ☐ Family of 5=\$62,010
- ☐ Family of 6=\$71,070
- ☐ Family of 7=\$80,130
- ☐ Family of 8=\$89,190

- ☐ YES-May be eligible (Contact 240-777-1653)
- ☐ Eligible, no number needed
- ☐ Current health coverage
- ☐ NO-Above Eligibility guidelines
- ☐ Prefer not to give income information

(Answer only if you have a child under 5)

37) According to the following family income limits, could your family be eligible for WIC (Women Infants and Children)

- ☐ Family of 2=\$21,479
- ☐ Family of 3=\$27,066
- ☐ Family of 4=\$32,653
- ☐ Family of 5=\$38,240
- ☐ Family of 6=\$43,827
- ☐ Family of 7=\$49,414
- ☐ Family of 8=\$55,001

- ☐ YES-May be eligible (Contact 301-762-9426)
- ☐ Eligible, no number needed
- ☐ NO-Above eligibility guidelines
- ☐ Currently receiving WIC

- ☐ Prefer not to give income information
- ☐ Child too old for program

*38) Do you receive Working Parents Assistance (WPA)?

- ☐ Yes
- ☐ No

39) Do you receive Purchase of Care (POC)?

- ☐ Yes
- ☐ No

If no, please read the following question

40) According to the following family income limits, could your family be eligible for POC (Purchase of Care)

- ☐ Family of 2=\$24,277
- ☐ Family of 3=\$29,990
- ☐ Family of 4=\$35,702
- ☐ Family of 5=\$41,414
- ☐ Family of 6=\$47,127
- ☐ Family of 7=\$48,198
- ☐ Family of 8=\$49,269

- ☐ YES-May be eligible (Contact 240-777-1155)
- ☐ Eligible, no number needed
- ☐ NO-Above eligibility guidelines
- ☐ Currently receiving POC or WPA
- ☐ Prefer not to give income information

If you need information on child support enforcement, please call 1-800-234-1528.

If you lived with one child in 2001 and your family earned less than \$28,281, or if you lived with two or more children in 2001 and your family earned less than \$32,121, you may get up to \$4,600 in Earned Income Credit. For more information, contact First Call For Help at 1-800-492-0618.

*41) Do you think you may be eligible?

- ☐ Yes
- ☐ No

Information Regarding Child

Once you have completed this form you will have the option to complete a form for additional children. Please provide information for only one child below:

42) Name of Child

*43) Age of Child

*44) Sex of Child

- ☐ Female
- ☐ Male
- ☐ Unborn

Child Care Information

*45) What is your current childcare arrangement?

- ☐ Regulated Family Child Care Provider
- ☐ Licensed Group Program
- ☐ Relative (in relative's home)
- ☐ Relative (in child's home)
- ☐ In-Home (nanny in child's home)
- ☐ Babysitter (not related to child in babysitter's home)
- ☐ Currently not using any child care

*46) Amount willing/able to pay for care per week (or POC/WPA) \$

*47) What kind of care:

- ☐ Part Time
- ☐ Full Time
- ☐ Temporary
- ☐ Back Up

*48) Date childcare will need to begin:

*49) Day(s) care is needed:

- ☐ Sunday
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday

50) Hours Needed

- ☐ Normal (6:30Am - 6:30 Pm)
- ☐ Evening (After 6:30 Pm)
- ☐ Early (Before 6:30Am)
- ☐ Overnight
- ☐ Flexible
- ☐ Before School
- ☐ After School
- ☐ Before and After School
- ☐ Before Kindergarten
- ☐ After Kindergarten
- ☐ Before and After Kindergarten
- ☐ Before Pre-Kindergarten
- ☐ After Pre-Kindergarten
- ☐ Before and After Pre-Kindergarten
- ☐ Before EEEP
- ☐ After EEEP
- ☐ Before and After EEEP
- ☐ Before Head start
- ☐ After Head start
- ☐ Before and After Head start
- ☐ Overnight

*51) Hour (Am/Pm) childcare will need to begin;

- ☐ Am
- ☐ Pm

- ☐ 12
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11

*52) Hour (Am/Pm) childcare will need to end

- ☐ Am
- ☐ Pm
- ☐ 12
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11

*53) Type of care:

- ☐ Family
- ☐ Group
- ☐ Family and Group

*54) Type of Program:

- ☐ Center
- ☐ Infant
- ☐ School Age
- ☐ Nursery
- ☐ Kindergarten
- ☐ Part Day
- ☐ Head start
- ☐ Camp
- ☐ Summer Program

55) Name of school child attends:

*56) Need Escort?

- ☐ Yes
- ☐ No

57) Other special requirements

- ☐ Non-Smoking
- ☐ CPR
- ☐ Special Diet
- ☐ First Aid
- ☐ Type Of Home
- ☐ Fenced Yard
- ☐ No Dogs
- ☐ No Pool
- ☐ No Cats
- ☐ Assist In Toilet Training

58) Additional comments
